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Chief Executive Officer

REVISED

August 25, 2009

To: Supervisor Don Knabe, Chair
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

RESPONSE TO JULY 28, 2009 BOARD MOTION – AUGUST 25, 2009 AGENDA ITEM NO. 23

On July 28, 2009, on motion of Supervisor Ridley-Thomas, your Board directed the Chief Executive Officer (CEO) to work with the Director of Children and Family Services (DCFS) and report back to the Board on August 18, 2009, with a review and evaluation of: 1) the efficacy and utilization of the Structured Decision-Making tool used by social workers in predicting the likelihood of child abuse; and 2) the existing caseload ratio for each level of children's social worker, to include a comparison with surrounding counties and best practices, including recommendations for an optimum staffing ratio and case assignment process.

Structured Decision-Making (SDM)

SDM is a six component assessment tool to provide Children's Social Workers (CSWs) with simple, objective, and reliable tools with which to make the best possible decisions for individual cases, and provide DCFS management with information for improved planning and resource allocation. The components of SDM include: 1) Response Priority (Hotline Tool), which helps determine if and when to investigate a referral; 2) Safety Assessment, for identifying immediate threatened harm to a child; 3) Risk Assessment, estimates the risk of future abuse or neglect and guides in case opening; 4) Family Strengths and Needs Assessment, used for identifying family strengths and needs and assist with case planning; 5) Risk Reassessment, combines items from the

original risk assessment tool with additional items that evaluate a family's progress toward case plan goals; and 6) Reunification Reassessment, to structure critical case management decisions for children in placement who have a reunification goal. SDM has been utilized in DCFS over the past five years and is used by almost all California counties, 27 states, and parts of Canada and Australia.

At the first face-to-face contact with a family, emergency response (ER) CSWs use the SDM safety assessment (SA) tool to determine if the child needs to be immediately removed from the home or if the child can remain in the home with services to mitigate the threat to safety. This tool prompts CSWs to consider various options to mitigate safety threats and reminds them to utilize a safety plan if the child is left in the home after a threat is identified and service interventions are in place. Prior to the close of the referral, the ER CSW completes the risk assessment (RA) tool. The RA tool is research based and was initially validated in 1998 with two subsequent revalidation studies, with study populations comprised of about 50 percent of Los Angeles County cases, in 2003 and 2007. It is important to remember that the SA tool, not the RA tool, informs the decision whether to remove a child from his or her home.

The RA tool classifies families into one of four categories for likelihood of future maltreatment (Low, Moderate, High, and Very High Risk). The RA tool then guides the CSW's decision to open or not to open a case (i.e., convert a referred child from investigation stage to receiving a service plan and ongoing DCFS services). In most instances, a case is opened on referrals assessed as Very High and High Risk for child maltreatment. There are times when a Very High or High Risk assessment may not result in a case opening, such as when a case has already been opened for the child from a previous referral, or the safety threat has been mitigated (e.g., with the removal of an environmental hazard), or the child is already being appropriately served by the Probation Department and DCFS services are not needed to mitigate the risk. Low and Moderate Risk referrals with substantiated maltreatment may also be opened.

The data and outcomes suggest the SDM tools are effectively identifying families in which children are at risk of maltreatment. As the tools improve over time as a result of research on SDM, the ability to more accurately classify a family will improve. Currently, there are no other researched based assessment tools that can accurately classify families into risk groups.

Utilization of SDM

The various assessment tools available in SDM are widely utilized throughout DCFS. As of July 2009, the following SDM tools were completed according to the following percentages:

1) Hotline Tool:	99 percent of all referrals
2) Safety Assessment Tool:	94 percent of all referrals
3) Risk Assessment Tool:	94 percent of all referrals
4) Family Strengths and Needs Assessment Tool:	63 percent on all open-cases
5) Risk Reassessment Tool:	64 percent on all open-cases
6) Reunification Reassessment Tool:	64 percent on all open-cases

Utilization of SDM tools by DCFS staff is above the statewide average. For example, the statewide average utilization for each tool is as follows: Hotline tool 94.8 percent; SA and RA tools 90.4 percent; and Risk and Reunification Reassessment tools 55.3 percent. The lower rate of SDM utilization in points 4, 5, and 6 shown above, are for services provided after a referral has been converted to a case following the initial investigation. The Department is reviewing ways to increase the use of SDM after a referral is converted to a case.

Finding

We believe SDM is an efficient and effective tool used by CSWs to assist them in determining the level of risk for a child. However, while SDM is a valuable assessment tool, it is not intended to replace a CSW's experience, training or judgment in determining whether a child should be detained.

Caseload

For purposes of this report, we have classified CSWs into two types: 1) generic CSW; and 2) ER CSW. As of July 2009, the department-wide average caseload for generic CSWs is 22.86 children (a ratio of 23:1).

While generic CSW caseloads remain relatively constant, ER CSW caseloads vary from month-to-month. ER CSW caseload is determined by the number of Hotline calls screened in any given month. As the number of calls to the Hotline increase, so does the ER caseload (i.e., the number of children referred for investigation). For example, May 2009 had the highest average referral caseload of 23.18 children per ER CSW (23:1). In contrast, February 2009 had the lowest average referral caseload of 17.67 per ER CSW (18:1). The resulting average ER CSW caseload for the period of January 2009 through July 2009 was 20.04 cases (20:1).

An analysis was conducted by the National Council on Crime and Delinquency's Children's Research Center of CSW caseloads for the month of July 2009 for Los Angeles and surrounding counties. The study reported the average ER CSW caseload for Los Angeles County (8:1) is comparable to that of Orange (9.6:1),

Ventura (9.7:1), and Riverside (9.8:1) counties. However, the average generic CSW caseload for Los Angeles County (22:1) is significantly higher than all surrounding counties, including Orange (15:1), Ventura (12.1), Riverside (18:1), and San Diego (17:1).

In 1999, a workload study conducted by the American Humane Association, commissioned by the State as mandated by SB 2030, established the optimum caseloads for CSWs. The study recommended that optimum ER caseloads should be 13.03 cases (children) per CSW (13:1) and 15.58 cases per generic CSWs (16:1). However, since the study, the complexity of case referral investigations and case management have increased. Based upon these changes in complexity and case management, DCFS estimates that the current optimum caseload ratio for ER CSW is 12:1 and generic CSWs is 15:1. To achieve the optimum CSW ratios, it is estimated that DCFS would need to hire an additional 1,695 CSW, supervision and clerical support positions at an annual cost of $180.5 million in net County cost.

In light of the County's current fiscal crisis, we believe obtaining the Department's optimum caseloads referenced above is not feasible at this time. However, we support DCFS' current efforts to reduce caseload through Departmental strategies and initiatives primarily funded through the Title IV-E Waiver. Through the continuation of DCFS' efforts to reduce the number of children in care, DCFS may achieve its goal of reducing ER CSW caseloads to an average of 18:1 and generic CSW caseloads to an average of 20:1 by the end of fiscal year 2009-10.

Please let me know if you have any questions, or your staff may contact Brian Mahan at (213) 974-1318.

WTF:SRH:JW
BAM:cvb

c: Executive Officer, Board of Supervisors
Director, Children and Family Services

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